MISSOURI STATE BOARD OF HEALTH Do not use this space. TLY. PHYSICIANS should state OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 37017 Registration District No..... Primary Registration District No. 3.6. Registered No..... (Usual place of abode) (If nonresident, give city or town and State) PERMANENT How long in U. S., if of foreign hirth? Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCES (write the word) That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Death is said to have occurred on the date stated above. 6, DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE MONTHS DAYS If LESS than 1 YEARS day, .....hrs. Date of onset or ......min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Other contributory causes of imporoccupation..... year) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis?...... Was there an autopsy?...... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?...(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place, (ADDRESS) Manner of injury. CREMATION, OR REMOV Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify...... (Signed).

